

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: YES

Computer Readable Form (CRF)?:: YES

Number of copies of CRF:: 1

Title:: DIAGNOSTICS AND THERAPEUTICS FOR
DISEASES ASSOCIATED WITH N-ACETYLATED
ALPHA-LINKED ACIDIC DIPEPTIDASE 2
(NAALADASE 2)
004974.01110

Attorney Docket Number::

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure:: 0

Total Drawing Sheets:: 3

Small Entity?::

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Stefan
Middle Name::
Family Name:: GOLZ
Name Suffix::
City of Residence:: Essen
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Buckmannsmuhle 46
City of mailing address:: Essen
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Ulf
Middle Name::
Family Name:: BRUGGEMEIER
Name Suffix::
City of Residence:: Leichlingen
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Leysiefen 20
City of mailing address:: Leichlingen

State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Andreas
Middle Name::
Family Name:: GEERTS
Name Suffix::
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Schuckertstr 29
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Stefanie
Middle Name::
Family Name:: POLEJ
Name Suffix::
City of Residence:: Radolfzell
State or Province of Residence::

Country of Residence:: DE
Street of mailing address:: Feldstr. 10
City of mailing address:: Radolfzell
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 78315

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/011402	12 October 2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	03023854.7	21 October 2003	YES

Assignee Information

Assignee name:: BAYER HEALTHCARE AG
Street of mailing address::
City of mailing address:: Leverkusen
State or Province of mailing address::
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: D-51368